

Gastro Q & A with Dr E Sung

Gastroenterology Q & A. with Dr Edmond Sung, Consultant Gastroenterologist at the George Eliot Hospital in Nuneaton. Dr Sung is the lead clinical consultant for endoscopy, and has special interests in clinical nutrition and inflammatory bowel disease.

Q1. I have severe ME and Crohn's disease. When I suffer a flare-up of my Crohn's disease I drink just water for 12 hours, then drink only Fortisip for 4 days before re-introducing food. How would you recommend managing such an episode?

A. This is quite a good way to manage a flare-up. In these situations we recommend a low residue or liquidised diet until the disease is under control.

Q2. I have severe ME and Crohn's disease. When my Crohn's disease is stable, when I eat I open my bowels three times immediately afterwards. Is this normal for someone with Crohn's Disease?

A. This can be normal in patients with inflammatory bowel disease. Often the bowel habit will change after diagnosis, even if treatment is adequate.

Q3. I have lost the ability to swallow and have been tube fed for 3 years. It has been recommended I have a PEG, and I have been told it will be safer for long term use. Why is a PEG deemed a safer option, and what are the pros and cons?

A. With a PEG it is safer to be fed in the community as we do not need to check the position of the feeding tube regularly. With NG feeding, the tube can come out accidentally and there is a potential for the feed to go into the lungs and cause severe chest infections. Also the acid check for NG tube position can be problematic especially if the patient is on anti-acid medication and may require X-Rays to check position regularly, and this is not feasible in the community.

Q4. What does the procedure of having a PEG tube fitted entail?

A. This involves an endoscopic procedure initially and with the camera in the stomach a small incision is made on the abdominal wall. Using a guide wire a feeding tube is then fitted into the abdomen through this incision and the tube is held in the stomach using a 'disc' phalange.

Q5. What does the procedure of having a NG tube fitted entail?

A. This involves passing a thin feeding tube from the nose to the stomach. The patient is asked to take some sips of water to assist passage of the tube. Aspirates (i.e. samples of fluid from the stomach) are taken to check stomach acid levels to confirm placement in the stomach.

Q6. What support is available in the community for people fed by NG or PEG, or parenterally (via a vein)?

A. There are district nurses, nutrition nurses in some areas and dietitians in the community that look after these patients.

Q7. If I start being tube fed will I always be tube fed?

A. Not necessarily. The feeding tube can be removed at a later stage if it is not needed or the patient can eat adequately.

Q8. Can being tube fed improve severe ME?

A. Tube feeding can help improve the nutritional status and maintain well-being, but it is not a specific treatment for ME.

Q9. What is a Nutrition Support Team?

A. This is a multidisciplinary team of professionals who assess, manage and monitor patients with complex nutrition needs, usually in the hospital setting but some teams do see patients in clinics as well. They usually consist of a senior clinician, dietitian, nutrition nurse, and speech and language therapist (to assess the patient's ability to swallow). Some teams also include pharmacists, biochemists and microbiologists.

Q10. I am fed via a nasogastric tube. When I need a new tube I have to go to A & E despite being bed-bound. I am too ill to travel and it exacerbates my ME. In other parts of the country NG tubes are re-sited by nurses and dieticians at home. I have been told that where I live the policy is that a tube must be re-sited in hospital. Why does this policy vary, and how do I go about getting my tube re-sited at home, and by whom?

A. As discussed earlier, NG feeding in the community has significant risks including incorrect positioning of the tube, aspiration pneumonia and injury to the nasal passage. Many community teams are not equipped to manage or monitor this treatment in the community.

As Dr Speight has vast experience of patients with severe ME, we asked him to give an answer to Q10, and to an additional Question 11, as printed below.

A to Q10: *We often hear stories like this and do sympathise. I am afraid it is a fact of life that policies vary in different parts of the country. All we can suggest that you (and/or your GP) write to the appropriate person in your locality explaining your predicament. It might be easier to ask for "special arrangements" to be made for your case, rather than ask for a change of policy (which could take longer). If you don't get a satisfactory response then go higher ,*

your MP?

Q11. When a person with ME is too fatigued to be able to eat and drink enough to maintain their weight and to keep hydrated, is there a case for siting a NG tube?

A. In these circumstances tube feeding at home may be appropriate. This will usually need to be initiated in hospital but in some areas it can even be initiated at home by community nurse practitioners. Tube feeding can conserve the energy of a patient with severe ME when the effort of eating is too great: it is not used solely for when a person loses the ability to swallow.

We would like to thank Drs Sung and Speight for this Q & A and hope you have found it interesting and helpful.